



PATENT: IN01156

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:

A. Arasappan *et al.*

Serial No.: **09/909,077**

Filed: **July 19, 2001**

For: **Novel Imidazolidinones as
NS3-Serine Protease Inhibitors
of Hepatitis C Virus**
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: Examiner: D. Lukton

: Group Art Unit: 1653

: Atty. Docket No.: IN01156

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450
Mailstop: Non-Fee Amendment

SECOND AMENDMENT

Sir:

This communication is in response to the Official Action dated November 26, 2003, on the above-identified patent application. Applicants respectfully request entry of the following Amendment.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 26 of this paper.



Image

1653

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/909,077
Filing Date	07/19/2001
First Named Inventor	Ashok Arasappan
Art Unit	1653
Examiner Name	D. Lukton
Attorney Docket Number	IN01156

Total Number of Pages in This Submission 28

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Post Card
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Palaiyur S. Kalyanaraman, Reg. No. 34,634
Signature	
Date	01/21/2004

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		Date	01/21/2004

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